



2014

Benefits Comparison for Individuals*

If you have UCR's Student Health Insurance Program (SHIP), you are exempt from purchasing a plan on the Covered CA website or your home state exchange. UCR SHIP is convenient, affordable on-campus health insurance that meets the requirements of the Affordable Care Act and gives you nationwide coverage.

KEY BENEFITS	UCR SHIP (Student Health Insurance Program)	Covered CA (Or the exchange plans in your home state)			
	On Campus At Student Health Services	Bronze	Silver (Lower Cost Sharing Available on Sliding Scale)	Gold	Platinum
	No Deductible	Benefits In Grey are Subject to Deductibles		Copays In the White Sections are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum	
Deductible (if any)	No Deductible	\$5,000 Deductible for Medical and Drugs	\$2,000 Medical Deductible	No Deductible	No Deductible
Preventative Care Copay	No Cost	No Cost – at least 1 yearly visit	No Cost – at least 1 yearly visit	No Cost - at least 1 yearly visit	No Cost - at least 1 yearly visit
Primary Care Visit Copay	No Cost	\$60 - 3 visits per year	\$45	\$30	\$20
Specialty Care Visit Copay	No Cost	\$70	\$65	\$50	\$40
Urgent Care Visit Copay	\$50	\$120	\$90	\$60	\$40
Generic Medication Copay	\$5	\$19	\$19	\$19	\$5
Lab Testing Copay	No Cost	30%	\$45	\$30	\$20
X-Ray Copay	No Cost	30%	\$65	\$50	\$40
Emergency Room Copay	\$100	\$300	\$250	\$250	\$150
High cost and infrequent services like Hospital Care and Outpatient Surgery	10%	30% of your plan's negotiated rate	20% of your plan's negotiated rate	HMO Outpatient Surgery – \$600 Hospital – \$600/day up to 5 days PPO – 20%	HMO Outpatient Surgery – \$250 Hospital – \$250/day up to 5 days PPO – 10%
Imaging (MRI, CT, PET Scans)	10%	30%	\$250	\$250	\$150
Brand medications may be subject to Annual Drug Deductible before you pay the copay	No Deductible	\$50-\$75 after meeting deductible	meet \$250 deductible then pay the copay amount	No Deductible	No Deductible
Preferred brand copay after Drug Deductible (if any)	\$25 - \$50	\$50	\$50	\$50	\$15
MAXIMUM OUT-OF-POCKET FOR ONE	\$3,000	\$6,350	\$6,350	\$6,350	\$4,000

* Plan rates represent cost of in network services. Go to aetnastudenthealth.com for more information.